				Attomey Docket	CREATK/101/US			
0010/PTO Rev. 6/95	United States Departr Commerce Patent and Trademar		Fir	rst Named Inventor	Albert C. West			
			COMPLETE IF KNOWN					
DE	CLARATION		Application	on Number				
Declaration Submitte	d Declaration	Submitted	Filing Dat	te				
with Initial Filing	after Initial I	Filing	Group Ar	t Unit				
			Examiner	Name				
As an above named inven	tor, I hereby declare that	•						
My residence, post office a	address, and citizenship	are as stated t	below next to	my name.				
I believe I am the original, listed below) of the subjec	t matter which is claimed	AL STONE	a patent is so	Plow) or an original, first a cought on the invention ention and the invention ention and the invention ention and the invention and the i				
the specification of which		(Title	of the Invention	on)				
is attached hereto								
OR								
					Application Number			
and was amended on (MM	/DD/YYYY)		(if applicable)	•				
		d the contents	of the above	-identified specification, in	cluding the claims, as amended by			
any amendment specificall	y referred to above.							
I acknowledge the duty to	disclose information which	h is material to	o patentability	as defined in Title 37 Coo	les of Federal Regulations, §1.56.			
America, listed below and any PCT international appl	365 (a) of any PCT intern have also identified belo	national applica ow. by checkin	ation which de no the box, ar	esignated at least one country ny foreign application for a	foreign application(s) for patent or intry other than the United States of patent or inventor's certificate, or of imed.			
Prior Foreign Application Numbers	Country	Foreign Fil (MM/DD/		Priority Not Claimed	Copy Attached Yes No			
				H				
Additional foreign appl	lication numbers are liste	d on a suppler	mental priority	sheet attached hereto:				
I hereby claim the benefit		ates Code § 11	19 (e) of any l	United States provisional a	pplication(s) listed below:			
Application Number(s)	Filing Date (MM/DD/YY)			Additional provisiona numbers are liste supplemental prior attached hereto.	ed on a			

Type a plus sign (+) inside this box \rightarrow [+]

DECLARATION								Page 2						
I hereby claim the benefit under Title 35, United States Code §120 of any United States application(s), or §365(c) of any PCT International application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of Title 35, United States Code §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Title Code of Federal Regulations §1.56 which became available between the filing date of the prior application and the national or PCT International filing date of this application.														
	_	PCT Parent Number					Parent Filing Date (MM/DD/YYYY)			Parent Patent Number (if applicable)				
Additional U.S. or PCT International application numbers are listed on a supplementary priority sheet attached hereto:														
As a named inventor, I hereby appoint the registered practitioners associated with the Customer Number provided below to prosecute this application and to transact all business in the Patent and Trademark Office therewith, and direct that all correspondence be addressed to that Customer Number:														
F	Firm Name: Alix, Yale & Ristas, LLP Customer Number: 002543													
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment or both under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.														
Name of Sole or First Inventor A petition has been filed for this unsigned inventor														
Given Name	Al	LBERT	BERT Middle Initial C. Family Name					V		Suffix				
Invento Signat		Albert West							Date 0/30/03				13	
RESIDEI City		SOUTH	SOUTHBRIDGE State M				Α	Country	U	S	Citizensh	ip	US	
POS OFFIC ADDRE	ICE 179 WEST STREET													
City	sc	OUTHBRIC	BRIDGE State MA		ZIP		01550	Country	Country US		Applicant Authority			
Name of	Addition	nal Joint Inve	entor, if an	y:				A petition ha	s been filed	for this un	signed inver	ntor		
Given Name							nily me				Suffix			
Invento Signatu		Date												
	ESIDENCE: State					Country			Citizenship					
POST OFFIC ADDRE	E											<u> </u>		
City			Sta	te		Zip			Country		Applicar Authorit			
Addit	ional in	ventors are b	eing nam	ed on su	pplemen	tal sheet	(s) atta	ched hereto).					

DECLARATION